

CHAPTER 3 SECTION 15.5

CENTRAL NERVOUS SYSTEM STIMULATION

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I. PROCEDURE CODE RANGE

61850 - 61888, 63650 - 63688, 95970, 95971

II. DESCRIPTION

Central nervous system is that portion of the nervous system consisting of the brain and spinal cord. Deep brain (intracranial) stimulation is the electrical stimulation through implanted electrodes of specific regions of the deep brain i.e., thalamic and periaqueductal gray matter. Spinal cord stimulation is the electrical stimulation through implanted electrodes of specific regions of the spinal column.

III. POLICY

A. Spinal cord and deep brain stimulation are covered in the treatment of chronic intractable pain.

B. The following are also covered:

1. Accessories necessary for the effective functioning of the covered device.
2. Repair, adjustment, replacement and removal of the covered device and associated surgical costs.

IV. EXCLUSIONS

A. Transcutaneous, percutaneous, functional dorsal column electrical stimulation in the treatment of multiple sclerosis or other motor function disorders.

B. Deep brain neurostimulation in the treatment of insomnia, depression, anxiety, substance abuse, or any condition other than chronic intractable pain.

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